

TESTIMONY

Delivered by Tracy Wodatch, VP of Clinical and Regulatory Services
The Connecticut Association for Healthcare at Home

**Appropriations Committee
Public Hearing
February 27, 2015**

PUBLIC HEARING REGARDING THE GOVERNOR'S BUDGET RECOMMENDATIONS

OPPOSING:

- **OPPOSE: Reduce Medicaid Provider Rates** (\$107.5-million in FY2016 and \$117.5 million in FY2017)
- **OPPOSE: Reduce Medicaid Rates to Mental Health/Psychiatric Home Health Care** (\$20-million in each year of the biennium)

Good evening Senator Bye, Representative Walker and honorable members of the Human Services Committee. My name is Tracy Wodatch, Vice President of Clinical and Regulatory Services at the Connecticut Association for Healthcare at Home. I am also an RN with over 30 years experience in home health, hospice, long term and acute care.

The Association is the united voice for licensed home health and hospice agencies that foster cost-effective, person-centered healthcare for the Connecticut's Medicaid population in the setting they prefer most – their own homes.

I'm here today to testify specifically to the proposed budget cuts to achieve Medication Administration savings and broader cuts to the Medicaid rates specifically addressing the medically fragile pediatric population living in the community with their families.

We are a cost-saving solution for the Department of Social Services (DSS) and a critical component to:

- Managing the state's more than 5,000 mental health and psychiatric patients that were transferred out of mental health hospitals over a decade ago and are living in Connecticut communities
- Keeping more than 300 medically fragile children at home with their families avoiding long term care in hospitals such as CCMC and Hospital for Special Care.

The Governor's budget, as proposed, will undermine the progress the state has made in rebalancing Medicaid from institutions to the home and will hinder access to care as providers will not be able to continue to care for those being served using Medicaid dollars.

Both types of care (pediatric and psychiatric) require special skills and a compassion and mission that belong to a unique and rare group of nurses. The state cannot afford to lose these provider sectors putting patients and state revenue at risk.

Regarding the **pediatric population**, we have just 8 providers of this service in the state caring for approximately 325 medically fragile children at home with tracheostomies (breathing tubes), respirators, feeding tubes, and oxygen. Two of the providers care for more than 80% of these Medicaid reimbursed cases. The remaining 6 providers can't afford to continue these services at the current reimbursement rate and have slowly discharged their cases and made a decision not to admit any more cases.

Just this past year, we worked closely with the Dept of Public Health to pass emergency home health regulations specific to the care and supervision of this population. The impetus was due to a large agency closing its doors in CT and the remaining agencies unable to take any new cases due to the limitations within our regulations. With a new waiver process in place, these large agencies are now able to manage more cases; however, a budget cut will likely drive them out of this business as well. Please protect the medically fragile children living with their families at home.

Secondly, there are grave concerns over the budget line item to reduce Medicaid rates to the **Mental Health/Psychiatric population** currently being maintained in the community using the skill set of specially trained Behavioral Health nurses who do far more than "Medication Administration." Proposing cuts because of minimal RN delegation to Home Health Aides for Medication Administration is very narrow-minded.

Yes, it is true that the assumed cost savings of \$5million dollars for RN delegation for HHA Med Admin has not been met, but our agencies have saved approximately \$26 million over the past 2.5 years through careful utilization management with our state ASO Value Options.

In addition, our agencies have been diligently preparing for RN delegation to specially trained home health aides although not at the pace that DSS was hoping.

Here's a timeline and approximate hours dedicated to this initiative:

- Law passed in June 2012.
- Agencies to have policies in place by January 2013-done.
 - Policies were created by Association Policy Committee and reviewed by DPH.
- Several statewide trainings for the RNs held in late 2012 and early 2013 in collaboration with DSS, DPH, DMHAS, CT Nurses' Association, CT Association for Healthcare at Home, and the CT Board of Nursing as this is a major shift in practice and significant culture change.



- Nearly 200 page curriculum and training reviewed and edited by Association Policy Committee for final approval by DSS and Value Options (trainers)—completed December 2013.
- Criteria for Home Health Aides to meet eligibility to take training course finalized by DSS in March of 2014.
- Trainings began in Spring 2014—over 40 Home Health Aides have been trained.
- Rate and reimbursement discussion meetings held several times with final DSS Provider Bulletin released July 2014 stating effective January 2014 ([PB 14-14](#))
- Meetings with UCONN Center on Aging to address quality metrics and data collection of the nurses, the home health aides, the agencies and the consumers. Surveys developed and baseline surveys administered with Association support and encouragement.
- Meeting in July 2014 with OPM, DSS, DPH to discuss challenges and ways to support implementation. Some discussion regarding an incentive payment for training and potential add-on rate if agencies use home health aides to meet a certain % of overall medication administration.
 - Note: [PB 15-14](#) was finally released yesterday 2/26/15 by DSS outlining the Incentives. Effective date: July 2014!
- Additional RN Delegation trainings in late 2013 to further reinforce and work through scenarios, questions, concerns. Again, this is a major culture change for our industry and current practice especially pertaining to the care of the BH population.
- Association webinars in spring 2014 to once again reinforce delegation process.
- Behavior Health Provider meeting in-person 9/2014 brainstorming ways to supervise and competency the home health aides as well as support RNs through delegation process.
- Feb 26, 2015 meeting with OPM and DSS to determine further ways to implement both RN delegation and electronic med boxes. No mention by OPM or DSS regarding the incentives yet bulletin released same day.

In summary, we are working toward RN Delegation to specially trained HHAs yet as mentioned several times and as supported in the timeline outlined above, this is a significant culture and practice change that needs time to fully implement to ensure success and positive outcomes.

We believe the cost savings will be achieved through continued utilization management with both Value Options and our medical ASO Community Health Network of CT and with RN delegation. If rates to perform nursing medication administration are cut, the message will be loud and clear that the original intent of RN delegation was not for culture change, person-centeredness, and rebalancing. It was because of cost.

Thank you and I'd be happy to answer any questions.